



Peer Support Specialists:

Sharing valuable lived experience to help others in their recovery.

It takes a special kind of person to be a Peer Support Specialist.

Peer Support Specialists are trained and certified professionals who help others reach their goals in recovery from mental and substance use disorders. They're highly compassionate people with personal experience in recovery and are willing to share this experience to build trust, form relationships, and give hope to others.

These individuals have overcome the same challenges as people who are currently in recovery. They know what the struggle is like. Because of their lived experience of recovery, they are better able to relate to, and understand, the thoughts and feelings of the people we serve. This helps them to build a one-to-one connection that is essential for recovery.

According to research, recovery and healing occur best in the context of a supportive relationship. Peer Support Specialists provide this acceptance and validation. You rarely find such a level of understanding in any other professional relationship. This makes Peer Support Specialists a vital part of the mental health care system today. The OMH Peer Support Specialist program continues to have our full support and will always have representation at the highest level of my administration.

This edition of *OMH News* will discuss the growing Peer Support Specialist movement and will show you some of the innovative ways that peers are helping clients throughout New York State in their recovery. We invite you to share your thoughts with us at omhnews@omh.ny.gov.



— Ann Sullivan, MD; Commissioner,
New York State Office of Mental Health

Beginnings: Empowering consumers , developing a new profession



The current peer support movement can trace its origins back to France in 1793.

At that time, **Jean Baptiste Pussin**, superintendent of the mental ward at Bicêtre Hospital in Paris, along with Chief Physician **Philippe Pinel**, favored hiring former patients because, they believed, they would avoid treating patients in the cruel manner that had been common in the day.

A humane approach

“As much as possible, all servants are chosen from the category of mental patients,” Pussin wrote to Pinel. “They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane.”

Pussin called for a new approach that forbid cruelty, promoted kindness, and emphasized the importance of work. “My experience as shown, and shows daily, that to further the cure of these unfortunates one must treat them with as much kindness as possible, dominate them without mistreatment, gain their confidence, fight the cause of their illness and make them envision a happier future.”

Pinel himself said these peer staff were “averse from active cruelty,” and “disposed to kindness.” This hiring of former patients marked a shift in the philosophy of mental health care that ushered in the “moral treatment” era. Pinel became known as the “father of modern psychiatry” for his own work in developing a more humane approach to the treatment of people in asylums.

Importance of empathy

After several shifts in standards for psychiatric care during the next 150 years, the peer movement again gained momentum in 1965 when counselors **Robert R. Carkhuff, PhD**, and **Charles Truax** experimented with using non-professionals in place of therapists. Their results showed that non-professionals generally outperformed professionals and that a key variable in successful therapy was not the therapeutic intervention, but the degree of empathy and the strength of the relationship between therapist and client.

In 1967, Psychologist **Emory L. Cowen** proposed a model of community mental health care that would emphasize primary care, matching the needs of the population, and employing non-professionals in the development, implementation, and evaluation of intervention programs.

Consumer movement

As state hospitals across the nation were being shut down in the 1970s and patients were being released into the community with inadequate support, former patients started seeking help through peer and mutual-support groups and began organizing and protesting for better care and conditions.



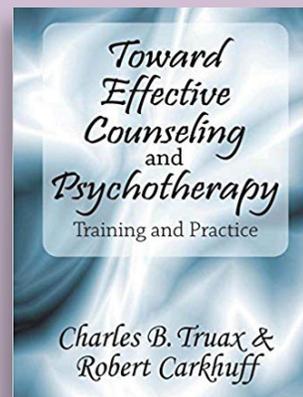
Pussin



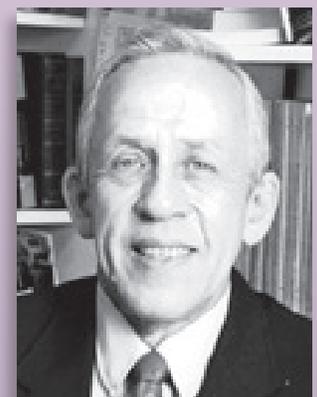
Pinel



This 1795 painting by **Tony Robert-Fleury** commemorates the removal of chains from patients at the Paris Asylum for Insane Women, which was the result of the patient care philosophy of Pussin and Pinel.



Groundbreaking work that helped define the direction of mental health care today.



Cowen

By the 1980s, this mental health consumer movement reached out to governmental and professional organizations to work toward improving mental health practices, increasing funding for technical assistance and training, and strengthening peer support services. Peer support specialists in the mental health field were among the first to be certified and qualify for state and Medicaid reimbursement.



A mental health consumer movement protest in the 1970s.

Role of peers at OMH

Peer support is gaining recognition in almost every sector of health care. Health researchers are continuing to build an evidence base for peer support, providers are seeing the benefits of peer support in their practices, and policymakers see peer support as an effective strategy for community outreach, quality improvement, increasing access to care, and reducing disparities.

Understanding that former patients can help provide valuable services and supports to current patients, New York was the first state to establish a Civil Service title for Peer Support Specialists. As OMH's Transformation Plan continues to reinvest in community-based programs and services, individuals in these titles play an increasingly important role in promoting hope and recovery, not only for consumers, but also their families, and the staff.

- Plans for future reinvestment in all regions of the state call for including peers in expanded crisis intervention programs and **mobile intervention teams**, which also include registered nurses, social workers, mental health therapy aides, and other direct-care staff. They join other team members in covering multiple counties in their regions, traveling thousands of miles each year, working in client's homes or in community locations.
- OMH's strategy for implementing the **Zero Suicide Initiative** calls for making peers who are suicide-attempt survivors or have experience with suicide loss an important part of the process – not only by offering an example of hope for clients feeling isolated and helping to reduce stigma, but by informing the design of supports.
- Inclusion of peers was essential to the recent collaborative training in **Recovery-Oriented Cognitive Therapy**, held at South Beach Psychiatric Center. South Beach employs peers who have been trained by Baltic Street AEH, Inc., a not-for-profit, peer-run organization.
- **Family peer support services** and youth peer training and support were two of the six new services that were added to the Medicaid State Plan in 2017. The services provide early intervention for individuals up to age 21 who are experiencing mental or behavioral health challenges and allow more at-risk children to be identified, diagnosed, and treated earlier.
- Adolescent peer leaders are a key component of **Sources of Strength**, which works with adults to provide guidance. Peer leaders are trained in high school to develop positive coping techniques and share them through their social interactions, with the goal of helping youth who are suicidal to connect with adults who can help. A study on Sources of Strength in 18 high schools found the program brought about changes in the schools' environment after four months.¹⁰⁰



Responsibilities: The duties of a Peer Support Specialist are diverse... and extensive



Peers may be referred to by different names depending upon the state and setting in which they practice. Their official Civil Service title in New York State is “Peer Support Specialist” but they can also be called “peer recovery coaches,” “peer advocates,” and “peer recovery support specialist.”

They may be volunteers or paid employees hired to practice in peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal justice settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care.

Joining clients on their journey

The work of Peer Support Specialists complements – not duplicates or replaces – the work of therapists, case managers, and other members of a treatment team. This is because they bring their own personal knowledge of what it’s like to live with and recover from mental health conditions and substance use disorders.

As the mental health system becomes increasingly more responsive and person-centered, Peer Support Specialists play a key role because of their cultural understanding and ability to provide education in a community setting.

Their responsibilities, in short, are to offer non-clinical support to others who are experiencing similar challenges. The actual range of activities this entails, however, is quite extensive:

- Inspiring hope that people can and do recover.
- Accompanying clients through each step of their recovery without judgment, expectation, rules, or requirements.
- Helping clients identify their goals, hopes, and dreams and then helping them create a plan for getting there.
- Dispelling myths about what it means to have a mental health condition or substance use disorder.
- Providing self-help education and linking clients to tools and resources.
- Breaking down barriers of experience, understanding, and power dynamics that may get in the way of working with the treatment team.

Person-centered approach

Research has shown that peer providers can help to change the conversation to focus on what is strong in the individual seeking support, rather than what is wrong. They help to focus on a person-centered approach to wellness, rather than focusing solely on symptom reduction and compliance. Studies say including Peer Support Specialists on a treatment team can help clients develop:

- Increased self-esteem, confidence, hope, and inspiration.
- Increased sense of control and ability to bring about changes in their lives.
- Increased empathy, acceptance, and engagement in self-care.
- Increased social support and social functioning.
- Decreased psychotic symptoms, substance use, and depression.
- Reduced hospital admission rates and longer community tenure.

Actively engaged in their own recovery from mental or substance use disorders, Peer Specialists share real world knowledge and experience to teach others to build a better life.sm



Some of the many dedicated Peer Support Specialists working with OMH and its licensed agencies.

Peer-run programs: Expanding mental health services into the community



Programs run by Peer Support Specialists have become the focus of several of OMH's Community Reinvestment initiatives. Ranging from long-term housing and community drop-in to respite, peer-run programs are creating supportive, recovery-focused environments that are helping clients learn the coping strategies that are necessary to return to their regular lives.

Alternative to the ER

Turquoise House in Uniondale, the first peer-run respite house in the New York metropolitan area, is a program of Consumer Link, the recipient-run arm of the Mental Health Association of Nassau County. It provides a warm, home-like, non-judgmental environment for those in emotional crisis. It's a short-term, voluntary alternative to the emergency room and typically acts as an adjunct to outpatient treatment, which continues while guests stay at the house.

In many cases, crisis respite/diversion programs can act as a step-down from inpatient units when clients return to previous living arrangements that are wrought with the stressors that precipitated the crisis. Guests are encouraged to see a crisis as an opportunity to build a structured plan for continued support, self-accountability, and wellness.

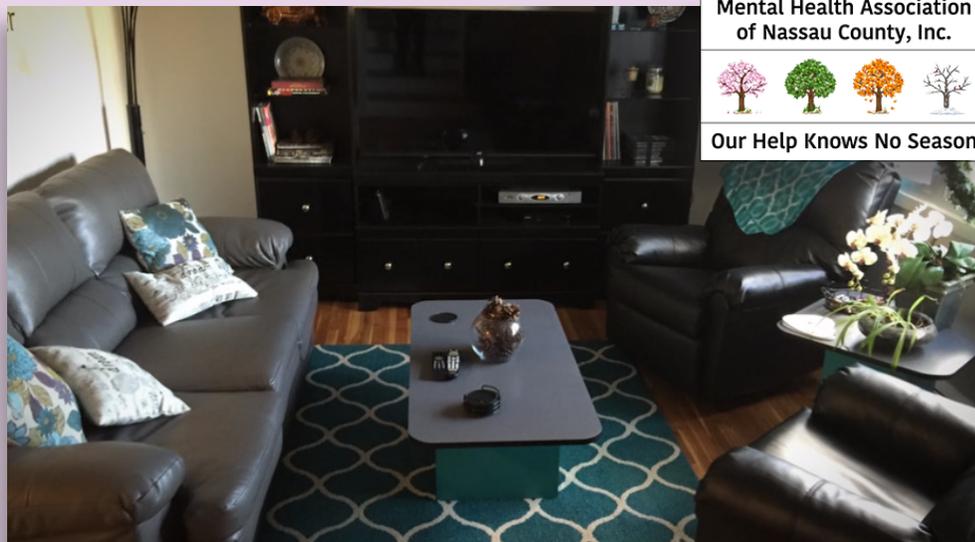
Turquoise House has helped guests who had previously used the hospital habitually to create coping mechanisms for crisis and instead use their relationships with Consumer Link for support. They often refer themselves, and can be welcomed back to Turquoise House, if need be. Its latest statistics show less than two percent of guests are visiting a hospital within 30 days after checking out. It is part of Turquoise House's vision to expand its services, including opening another house just for women.

"We want to help people break the cycle of returning to hospital care, again and again," said **Jeff McQueen**, Chief Program Officer of the Mental Health Association of Nassau County. "Since the program is run by peers, it gives our guests someone to relate to. Guests can hear our peers' stories and find comfort in the fact that they went through the same challenges and were able to recover. When our guests leave, they have a new support team and new hope."

The association has been using the Turquoise House model for substance use disorder and relapse prevention as well, and it's been successful.

Diverting from hospital stays

Since Housing Options Made Easy, Inc., of Gowanda opened its peer-run Eagle's Nest Respite House three years ago, nearly 95 percent of its guests have been diverted from hospital stays. Some were diverted from high-end interventions due to a dual diagnosis of a developmental disability and a mental health issue.



For information on Turquoise House, visit: <https://www.mhanc.org>.



Jeff McQueen, MBA, LCDC

One client, who was discharged from Buffalo Psychiatric Center, was able to use the respite to prevent a return.

“Nearly all guests reported that the respite helped them stay positive,” said **Joseph Woodward**, Housing Options Executive Director. “Most people reported that the respite had helped them avoid a hospitalization. Eagle’s Nest has helped participants find peer support and the continued interaction has helped the participants avoid a hospital stay.”

This has led to the start of a peer-support group that meets once a month at an outside location. The respite team also follows up with clients at 30, 60, 90, and 180-day intervals. All follow-ups track how the guest is feeling since leaving the respite, and whether the respite stay helped the guest avoid going to the hospital. Housing Options also sponsors numerous groups and trainings in the community.



Joseph Woodward



For information on Eagle’s Nest Respite, visit: <http://www.wnyhousingoptions.org>.

A place to put things in perspective

Affinity Place in Rochester is entirely run by peers. There are no physicians, psychiatrists, or nurses on staff. Its philosophy is that sometimes, people don’t need to be hospitalized — they just need a place to stay where they can be listened to and put things in perspective.

Affinity Place is set up much like a neighborhood bed-and-breakfast. It was opened with reinvestment funding through a collaboration with East House and the Mental Health Association of Rochester.

“We determined that a hospital diversion program run by peers would be a priority when assessing the needs of this region,” said **Gregory Soehner**, East House President and Chief Executive Officer.

Affinity Place is designed to be comforting and relaxing.

“We refer to people who stay with us as our ‘guests,’” he said. “They check-in and check-out, stay in single rooms, and get their own room key. We’ve included little touches to help them feel like they’re not in a residential program – such as guest books with a list of community resources and things to do.”

Guests can stay up to five days. The admission process is set up so that people can get in quickly, often with just one phone call. Guests can come and go as they need to. Many of the guests work full time, then they can return to the house at the end of the day and get the support they need.

Affinity Place is available at no fee to residents of Genesee, Livingston, Monroe, Orleans, Wayne, and Wyoming counties. Its peer-run warm line is also open 24 hours a day, seven days a week.™



For information on Affinity Place, visit: <http://easthouse.org>.

Gregory Soehner

Peer conference: Learning from colleagues, sharing insight



As the peer movement grows, it's becoming crucial for the community to acknowledge the role of Peer Support Specialists in the recovery process.

Pilgrim Psychiatric Center in West Brentwood foresaw a need five years ago to spread the word and enlist families, providers, and colleagues. And so began the first statewide conference run by peers.

The event is getting larger each year. This year's event was held on October 12, at Suffolk Community College in Brentwood, highlighting the theme, "Recovery in Action: Moving Forward."

More than 260 individuals attended – including clinicians, community members, family members, students, professors, peer specialists, and individuals who receive services. Twenty-seven organizations were represented, with information tables from the psychiatric center, THRIVE, Suffolk Community College, NAMI, Hands Across Long Island, New Horizon Counseling Center, and VIBES.

"This year's conference focused on how individuals implement the recovery model with the work they do in the community," said Pilgrim Peer Specialist **Kelly Lane**, who is co-chair of the conference. "We challenged the audience to visualize recovery from mental illness to a full and rewarding life, and to living outside of mental illness by moving beyond the thoughts and beliefs that once may have held them back."

Wide range of disciplines

OMH Commissioner **Dr. Ann Marie Sullivan** attended the conference in-person this year to welcome everyone and provide her message of hope and her vision for the future of mental health care in New York State.

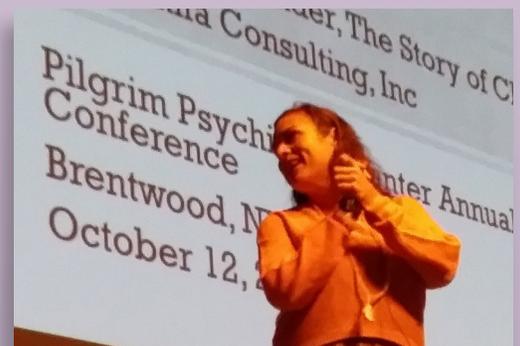
Dr. Sullivan joined Pilgrim Executive Director **Kathy O'Keefe** in presenting an award to former Pilgrim Peer Specialist **Ryan Canedo** for his recovery and for graduating in May 2018 from Stony Brook University with a nursing degree. Canedo is now an RN at Stony Brook University Hospital.

Guest speakers were:

- **Leah Harris, M.A.**, a mother, advocate, and storyteller who has written and spoken widely about her lived experiences of trauma, addiction, mental health challenges, healing, and resilience.
- **Terri Muuss**, a motivational speaker and social worker in private practice who also directs shows and writes books.
- **Lawrence Euell**, a Certified Peer Specialist and Peer Intern Volunteer in Pilgrim's Community Service Division, who shared his journey of healing and overcoming obstacles.



Commissioner Sullivan with award recipient Ryan Canedo.



Keynote Speaker Leah Harris.

- **Dr. Herminia Hermogenes**, Associate Medical Director for Community Services at Pilgrim and President of the medical staff, who discussed how Pilgrim has adopted the recovery model.

It's notable that the conference is also drawing professionals from other areas of practice. This has given the disciplines an opportunity to interact and participants the motivation to think outside the box.

A connecting theme

Conference organizers build upon each theme from year to year. The theme of the first conference in 2014 was "Year of Hope," followed by "Year of Action: Hope Strategies," "Year of the Family: Building a Winning Team," and "Year of Changing the Conversation: Raising the Recovery Bar."

Peer Specialists worked throughout the year to develop the theme. They prepared by using daily "hope notes" in their empowerment centers and empowerment forums to focus discussion with their clients on how to change their inner and outer conversations.

"This year, the conference committee was challenged to leave the safety of the psychiatric center and bring the conference to a venue in the community," said O'Keefe said. "This meant the message would reach more people and all the planners would be performing in exactly the way the conference theme suggests."

"Despite some ups and downs," she added, "I am proud to say the peers persevered, and here we are today. In the past eight years, our language has changed, our expectations have changed, and our ability to partner has changed. We create goals **with** the people we serve, not **for** them."

Increasing understanding

Feedback from participants in this year's conference said the sessions helped them increase their understanding of the struggle of mental illness, gave them hope, and made them feel connected to others.

"The conference reinforced the importance of peer-integrated support and demonstrated that we continue to strive to move forward," said **Steve Berg**, Pilgrim Director for Operations.

"It's important to remember that people with mental illness are **people** first and not their illness," Lane added. "For many years, this has been a challenge driven by fear, stigma and misunderstanding. Every day, we plant seeds that help individuals take the next step. And conferences such as this help us move beyond mental illness and see people for who they are."

For information on next year's conference, contact Lane at: Kelly.Lane@omh.ny.gov.



Discussing the conference are, from left: Certified Peer Specialist and co-chair **Kim Westley**, **Kelly Lane**, **Kathleen Guzman**, and **Dr. Herminia Hermogenes**.



Example of a "hope note."



Pilgrim Psychiatric Center

New York State Paid Family Leave



NY Paid Family Leave is here for when you need to be there.

Caring for a loved one in times of need can be challenging for both caregivers and care recipients, but research shows that having family care and support for a loved one makes a positive difference. Family care can result in improved health outcomes for care recipients, while providing increased meaning and comfort to caregivers in knowing that loved ones are receiving excellent care.

Wouldn't it be great if working employees had the ability to be there for loved ones when they're needed most without having to worry about losing their jobs, or how they'll make ends meet? In New York, they now do!

As of January 1, 2018, NY Paid Family Leave provides **job-protected, paid time off** to millions of working New Yorkers who need to take time to care for a family member with a serious health condition, bond with a new child, or assist loved ones when a family member is deployed abroad on active military service. This means employees can now help their families without putting their financial security at-risk.

Under Paid Family Leave, eligible employees can take time off to care for family members with a serious health condition, including their spouse, domestic partner, child, stepchild, parent, parent-in-law, step-parent, grandparent, or grandchild. These qualifying family members must have their serious health condition certified by their health care provider. It doesn't matter where these family members live – the employee taking leave would just need to be in close proximity to the care recipient during the majority of their leave period.

Strong benefits and protections

In this first year, eligible employees can take up to **eight weeks** of leave and receive **50% of their average weekly wage**, capped at 50% of the Statewide Average Weekly Wage (SAWW). In 2019, eligible employees can take up to 10 weeks of leave and receive 55% of their average weekly wage, capped at 55% of the SAWW. Benefits will increase through 2021, when Paid Family Leave is fully phased-in, at which time employees will be able to take up to 12 weeks off at 67% of their pay, up to 67% of the SAWW.

In addition to wage and time off benefits, Paid Family Leave has strong protections against discrimination or retaliation for requesting or taking Paid Family Leave.

Most employees who work in New York for private employers are covered and can become eligible once they meet the minimum time-worked requirements. Citizenship and/or immigration status is not a factor.

Public employees may be covered if their employer voluntarily opts-in to provide the benefit. Public employees represented by a union may be covered if the benefit is negotiated.

Available resources

Full details on New York Paid Family Leave are available at <https://paidfamilyleave.ny.gov/>, including information on eligibility and how to apply, along with request forms in multiple languages.

The state has set up a toll-free **Paid Family Helpline** at **(844) 337-6303** to assist employees with any questions, in their language. The Helpline is available **Monday through Friday, 8:30 a.m. to 4:30 p.m.**

Paid Family Leave is now in effect in New York and here to use when you need it – when your family needs you.